Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011587	A. BUILDING _____ B. WING _____	C 06/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWALK AT LUTHERWOODS	1301 N RITTER AVE INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00108906. Complaint IN00108906 - Unsubstantiated due to lack of evidence. Survey Date: 6/19/2012 Facility number: 011587 Provider number: 011587 AIM number: NA Survey Team: Beth Walsh, RN-TC Census Bed Type: Residential: 96 Total: 96 Census Payor Type: Other: 96 Total: 96 Sample: 3 Rosewalk at Lutherwoods was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00108906. Quality review 6/20/12 by Suzanne Williams, RN	R 000		